7650 07636

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
LENGTH OF STAY (In this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boyds Wharf

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural, give location) Perry.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) John (Last) BERNHARD
4. DATE OF DEATH (Month) 8 (Day) 30 (Year) 1955

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): Single
8. DATE OF BIRTH: 8-20-1944
9. AGE Last birthday: 10 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: School Boy
11. BIRTHPLACE (State or foreign country): North East Md U S A
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James John Bernhard
14. MOTHER'S MAIDEN NAME: Catherine G. Raine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: James John Bernhard North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
850 X
Immediate cause (a) Drowned. — Interval Between Onset and Death:
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY N.E. River
21c. (City or town) North East (County) Cecil (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 8 30 55 3:40 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Fell off boat into river

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. C. Woolson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8/30/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Sept 3 1955
NAME OF CEMETERY OR CREMATORY Blue Church
LOCATION (City, town, or county) Blue Church Lehigh Co (State) Pa

DATE REC'D BY LOCAL REG. Sept 1-55
REGISTRAR'S SIGNATURE Sarah E. Rothermel
24. FUNERAL DIRECTOR Joseph R. Grant
ADDRESS North East Md

7634 07637

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY In this place
HOSPITAL OR INSTITUTION OR STREET ADDRESS 221 W. High St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS 221 W. High (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) HENRY (Last) BIDDLE

4. DATE OF DEATH (Month) 8 (Day) 26 (Year) 1955

5. SEX M.

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED Married

8. DATE OF BIRTH: 11-8-1890

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Building

11. BIRTHPLACE (State or foreign country): Elkton Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Biddle

14. MOTHER'S MAIDEN NAME: Mary Clark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-09-9055

17. INFORMANT & ADDRESS: H. Walter Dubore. Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Acute Coronary Occlusion — DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)
420.1

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8/26-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/29/55	Elkton Cemetery	Elkton Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 29	H R Frazer	H. Walter Du Bore, Jr.	Elkton, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07638

7651 CERTIFICATE OF DEATH

Reg. Dist. No. 9C

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 N. Main

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural give location) 75 N. Main

3. NAME OF DECEASED: (Type or Print) (First) Clifton (Middle) Moore (Last) Blackburn

4. DATE OF DEATH: (Month) Aug. (Day) 20 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Jan. 3, 1873

9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Meat Products

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Blackburn

14. MOTHER'S MAIDEN NAME: Mary R. Ferguson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-01-7980

17. INFORMANT & ADDRESS: Mary V. Blackburn, Port Deposit, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Myocard. Ins. — Interval Between Onset And Death: 6 yrs.

DUE TO

Antecedent causes (b) Coronary Thrombosis — 12 hrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Aug 20, 1955, that I last saw the deceased alive on Aug 20, 1955, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. R-4 Box 55-A Port Deposit Md. 8-22-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8-23-1955 — NAME OF CEMETERY OR CREMATORY Hopewell — LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REGISTRAR 8-23-1955 — REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR ADDRESS
Wm. A. Patterson & Son, Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07639

7635 **CERTIFICATE OF DEATH** Reg. Dist. No. 97

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton
LENGTH OF STAY (in this place) 11 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 65 Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Principio Furnace
STREET ADDRESS (If rural give location) x

3. NAME OF DECEASED: (Type or Print) (First) Louella (Middle) (Last) Blackson

4. DATE OF DEATH: (Month) Aug (Day) 23 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: July 17, 1874 | 9. AGE last birthday: 81 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Former Wife | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home. | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Stricker | 14. MOTHER'S MAIDEN NAME: Elizabeth Stricker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. No. | 17. INFORMANT & ADDRESS: Pride F. Blackson, Elkton, Md. R.D. 4.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X
IMMEDIATE CAUSE (A) Cardio renal vascular

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 mos
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 6/10/55 | 19B. MAJOR FINDINGS OF OPERATION: Carcinoma of stomach | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1955, to 8/23, 1955, that I last saw the deceased alive on 8/23, 1955, and that death occurred at 11:15 A M, from the causes and on the date stated above.

SIGNATURE J. Herbert Bobb, M. D. ADDRESS Elkton Md DATE SIGNED 8/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 8-26-1955 | NAME OF CEMETERY OR CREMATORY: Principio | LOCATION (City, town, or county) (State): Principio Furnace, Md

DATE REC'D BY LOCAL REGISTRAR: Aug 24 | REGISTRAR'S SIGNATURE: A R Bragaw | 24. FUNERAL DIRECTOR: Neva Patterson & Son, Perryville, Md ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Kreis

07640

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7636 **CERTIFICATE OF DEATH**

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 21
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital 65

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) R. D. # 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elijah	B.	Bowman	8	8	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	Wh.	Married	May 19, 1882	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Coal Miner	Coal Mines	Va	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mathew Bowman	Allie Pack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	234-36-7965	James W. Bowman R.F.D. #1 Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) H16X Acute Coronary Recurrent	12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Pancarditis	15 yrs
	(c) Arteriosclerosis	10-15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1 July, 1953, to 8 July, 1953, that I last saw the deceased alive on 8 July, 1953, and that death occurred at 11:25 P m., from the causes and on the date stated above.

SIGNATURE George Myers, Jr. (Degree or title) ADDRESS Elkton, Md. DATE SIGNED August 10 July 53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/12/53	Gilpin Manor Memo. Pk.	R.D. Elkton,	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 10	E R Frazer	Pippin Funeral Home Per W. A. Lusby	259 E Main St. Elkton, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7637

07641

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 21 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 256 W High

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 256 W High

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) EDWARD (Last) BROWN

4. DATE OF DEATH (Month) 8 (Day) 29 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last Birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	White	Married	8-5-1900	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Carpenter	Machine	Maryland	U.S.A.

13. FATHER'S NAME: John W. Brown

14. MOTHER'S MAIDEN NAME: Mary E Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS:
no	—	213-05-3448	Madline Brown 256 W High St Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
973.1
Immediate cause (a) Carbon Monoxide Poisoning DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home	21c. (City or town) Elkton	(County) Cecil	(State) Md.

21d. TIME OF INJURY (Month) 8 (Day) 29 (Year) 55 (Hour) 6 A.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? attached hose to car exhaust.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8/29-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9-1-1955	Cherry Hill Methodist	Elkton Rd	Cecil Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 30	F R Frazier	Joseph R Grant	North East Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07642

7638 **CERTIFICATE OF DEATH** Reg. Dist. No. 92

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton
LENGTH OF STAY (in this place) 18 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Dennis Haven Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R. F. D. Elkton X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) FLORENCE (Middle) LOLA (Last) CASE

4. DATE OF DEATH: (Month) Aug (Day) 30 (Year) 1955

5. SEX: F. | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: March 10 1897 | 9. AGE last birthday 58 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home mkr

10B. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Felton, Del

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Goldsborough Markes

14. MOTHER'S MAIDEN NAME: Susan Warren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: James Case Elkton R.F.D. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertension DUE TO — years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebro-vascular Accident — 1 year

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 19..55, to Aug 30, 19..55, that I last saw the deceased alive on Aug. 30, 19..55, and that death occurred at 4:25 P M, from the causes and on the date stated above.

SIGNATURE Wallace Olenslein M. D. ADDRESS Cecilton Md DATE SIGNED Aug 31 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Sept 2 1955 | NAME OF CEMETERY OR CREMATORY Barretta Chapel | LOCATION (City, town, or county) Milford, Del (State)

DATE REC'D BY LOCAL REGISTRAR Sept 2 | REGISTRAR'S SIGNATURE H B Frazer | 24. FUNERAL DIRECTOR Peppers Funeral Home | ADDRESS Elkton, Md

7639 07643

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Del. COUNTY New Castle
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural, give location) 737 E. 26 St.

3. NAME OF DECEASED: (First) LAWRENCE (Middle) E (Last) COULBOURNE
4. DATE OF DEATH (Month) 8 (Day) 14 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M.	White	Married	12-27-1894	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Retired	Maryland	U.S.A.

13. FATHER'S NAME: Eugene Coulbourne
14. MOTHER'S MAIDEN NAME: No record.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		216-12-7127	Bertie L. Coulbourne 737 W. 26 St Wilmington Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) DUE TO Acute Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY	21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. L. Woodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8-15-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 17 1955	Grace Luth. Mem. Pk.	Frankford, Del

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 15	H. R. Fraser	Albert J. McCreary	Wilm, Del

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07644

7652

CERTIFICATE OF DEATH

Reg. Dist. No. 94

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X North East
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 -

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East X
STREET ADDRESS (If rural give location) -

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) (Last) Deamond

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Sept. 26 1872
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stephen Lilley
14. MOTHER'S MAIDEN NAME: McDowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Ralph D Deamond North East, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
260X IMMEDIATE CAUSE	(A) Chronic myocarditis.	5 yrs.
ANTECEDENT CAUSE (B)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Diabetes Mellitus DUE TO	5 yrs.
	(C) -	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	-	

19A. DATE OF OPERATION: -
19B. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐, Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Aug 17, 1955, that I last saw the deceased alive on Aug 16, 1955, and that death occurred at 6:15 a M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Elkton Md DATE SIGNED Aug 19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	August 20 55	Methodist	North East, Cecil Co Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 18-1955	Sarah E. Rothermel	Joseph A Grant	North East, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07645

7640

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:

COUNTY Cecil MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton

LENGTH OF STAY (in this place) 15 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Darine Haven

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton X

STREET ADDRESS (If rural give location) R.F.D. # 1 1

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) H. (Last) Denney

4. DATE OF DEATH: (Month) 8 (Day) 19 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	Wh.	Married	March 20, 1887	68 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	House Work	Delaware	U.S.A.

13. FATHER'S NAME: James Denney

14. MOTHER'S MAIDEN NAME: Lydia Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
		Alvin M. Denney 4820 Warrington Ave. Philadelphia, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X IMMEDIATE CAUSE (A) Carcinoma of Cervix with metastasis — INTERVAL BETWEEN ONSET AND DEATH: 2yrs.

ANTECEDENT CAUSE (B) DUE TO —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — 1yr.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
—	—	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
— M.	—	—

22. I hereby certify that I attended the deceased from Sept., 1954, to 19 Aug, 1955, that I last saw the deceased alive on 19 Aug, 1955, and that death occurred at 1:07 P.M., from the causes and on the date stated above.

SIGNATURE Klaus H. Hueber M. D. ADDRESS No. 4th E. of Rd DATE SIGNED 20 Aug '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/22/1955	Lake Side Cemetery	Dover Del.

DATE REC'D BY LOCAL REGISTRAR Aug 22 — REGISTRAR'S SIGNATURE J R Frazer

24. FUNERAL DIRECTOR Pippin Funeral Home — ADDRESS 237 E. Main St. Elkton, Md. W. Ahrensby

7653

07646

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 94

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle Rural
LENGTH OF STAY (in this place) 7 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Chester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Glenmore R.D.
STREET ADDRESS (If rural, give location) 75 X-3

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) L (Last) DEVINE

4. DATE OF DEATH (Month) 8 (Day) 26 (Year) 19 55

5. SEX: M | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 1-4 19[illegible] | 9. AGE last birthday: 44 40 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Woodsman
10b. KIND OF BUSINESS OR INDUSTRY: Auto
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George A Devine
14. MOTHER'S MAIDEN NAME: Mary Woodward Glenmore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.: 161-12-5177
17. INFORMANT & ADDRESS: Catherine M Devine, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 927.8 Drowned. — Interval between onset and death:

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Creek
21c. (City or town) North East (County) Cecil (State) Md.
21d. TIME OF INJURY (Month) 8 (Day) 26 (Year) 55 (Hour) 5 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Was swimming & drowned.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R LeRoy Woodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 8/28-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9/1/55
NAME OF CEMETERY OR CREMATORY Bridgeville Cemetery
LOCATION (City, town, or county) Lancaster County (State) Penn.

DATE REC'D BY LOCAL REG. 8-29-55
REGISTRAR'S SIGNATURE Sarah E Rothermel
24. FUNERAL DIRECTOR Joseph R Grant
ADDRESS North East Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07648

7641 **CERTIFICATE OF DEATH** Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 65 Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Del. COUNTY N.C
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilm 4 X
STREET ADDRESS (If rural give location) 1229 Claymont St. ✓

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) E. (Last) GILLIGAN

4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 4-16-1888

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: John Walls

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: John Gilligan - 102 E. 26th St.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
26 X IMMEDIATE CAUSE	(A) Cerebral Hemorrhage	5 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Hypertensive Arterio-Sclerotic Dis	5-10 yrs
	(C) Diabetes Mellitus	Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	G.U. Infection	1 Month

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY, 1955, to Aug., 1955, that I last saw the deceased alive on 2 Aug, 1955, and that death occurred at 5:20 P M, from the causes and on the date stated above.

SIGNATURE George J Knerr, Jr M. D. ADDRESS Elkton Md DATE SIGNED 8/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8-6-55

NAME OF CEMETERY OR CREMATORY Cathedral

LOCATION (City, town, or county) (State) Wilm. Del

DATE REC'D BY LOCAL REGISTRAR Aug 4

REGISTRAR'S SIGNATURE H H Frazer

24. FUNERAL DIRECTOR Coffin Funeral Home

ADDRESS Elkton Md M. A. Lusby

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07649

7654

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 1yr.11mo.22days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore CVC 1-4
STREET ADDRESS (If rural give location) 957 Bennett Place √

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
LOUIS	O.	GROSS	August	17	19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Married	8-15-86	69 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Trucker	Farming	Baltimore, Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Louis Gross	Kizziah Gantt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
Yes	WW I	219 01 9151	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
234X IMMEDIATE CAUSE	(A) Bronchial pneumonia, unresolved	3 or 4 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) Chronic brain syndrome associated with cerebral arteriosclerosis	Approx. 5 years
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Arteriosclerosis generalized	unknown

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
VA M.		

22. I hereby certify that I attended the deceased from 8-26, 19 53 to 8-17, 19 55, that I last saw the deceased alive on [illegible], and that death occurred at 11:35 P.M., from the causes and on the date stated above.

SIGNATURE	ADDRESS	DATE SIGNED
W. OPPLER, Chief, Professional Services M.D.	VAH, Perry Point, Md.	8-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8-19-55	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8-19-55	Irene E. Dougherty	George G. Kelson Fun. Home, Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07650

7655

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Perry Point
LENGTH OF STAY (in this place) 1 Yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS OO 1122 Ave. C

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York — COUNTY Suffolk
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Northport, Long Island 07x1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Viola (Last) Haff

4. DATE OF DEATH: (Month) Aug. (Day) 9 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out all except one) Married

8. DATE OF BIRTH: Jan. 11, 1878

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Lee

14. MOTHER'S MAIDEN NAME: Annie Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Winifred Kolhoff, 1122 C Ave. Perry Pt. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 334X Cerebral Sclerosis — Interval Between Onset And Death: 6 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO

(b) Arteri-Sclerosis — 5 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1954, to Aug. 9, 1955, that I last saw the deceased alive on Aug 9, 1955, and that death occurred at 9.15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

D. F. Hanson M. D. Port Deposit, Md. 8-9-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE OF THEREOF Aug. 12, 1955 — NAME OF CEMETERY OR CREMATORY Amity ville — LOCATION (City, town, or county) (State) Amityville, N.Y.

DATE REC'D BY LOCAL REGISTRAR Aug. 10, 1955 — REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR Wm. Patterson & Son — ADDRESS Perryville, Md.

7655

07651 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 94

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural
LENGTH OF STAY (In this place) 21yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN North East Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MACE (Middle) (Last) HALL

4. DATE OF DEATH (Month) 8 (Day) 24 (Year) 1955

5. SEX: M. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 4-13-1870 | 9. AGE last birthday: 80 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Retired Mill Worker | 10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel | 11. BIRTHPLACE (State or foreign country): Boonsville Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hall. | 14. MOTHER'S MAIDEN NAME: Susie Walton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 213-07-5246 | 17. INFORMANT & ADDRESS: Mamie Hall. North East Md. Rt 1 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Acute Coronary Occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dodson — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ M. D. — DATE SIGNED 8/24/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Aug 27-55 | NAME OF CEMETERY OR CREMATORY Bay View Methodist | LOCATION (City, town, or county) (State) North East Cecil Co Md

DATE REC'D BY LOCAL REG. 8-27-55 | REGISTRAR'S SIGNATURE Sarah E. Rothermel | 24. FUNERAL DIRECTOR ADDRESS Joseph R Grant North East Md

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07652

7642

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 21
STREET ADDRESS (If rural give location) 230 N. High St.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Washington (Last) Hitchens
4. DATE OF DEATH (Month) Aug. (Day) 13 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 22-1888
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Foundry
10B. KIND OF BUSINESS OR INDUSTRY: Molder
11. BIRTHPLACE (State or foreign country): Elkton - Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Benjamin Hitchens
14. MOTHER'S MAIDEN NAME: Annie McGeady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 197-10-0526
17. INFORMANT & ADDRESS: Margaret B. Hitchens - widow

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
163X
IMMEDIATE CAUSE (A) Cancer of right lung — INTERVAL BETWEEN ONSET AND DEATH about 5 mos.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) with Metastatis to intestines
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 30, 1955 to Aug 13, 1955 that I last saw the deceased alive on Aug 12, 1955 and that death occurred at 9:30 P M, from the causes and on the date stated above.
SIGNATURE AND M.D. U. H. McKnight
ADDRESS Elkton - Maryland
DATE SIGNED Aug 13-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Aug 16, 1955
NAME OF CEMETERY OR CREMATORY: Immaculate Conception
LOCATION (City, town, or county) (State): Nr. Elkton, Md

DATE REC'D BY LOCAL REGISTRAR: Aug 15
REGISTRAR'S SIGNATURE: H B Fraser
24. FUNERAL DIRECTOR: Pegg and Hammond Home
ADDRESS: Elkton, Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7643

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07653 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 97

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 15 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Charlestown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) (Last) HOLLAND

4. DATE OF DEATH (Month) 8 (Day) 25 (Year) 1955

5. SEX: F. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married 8. DATE OF BIRTH: 6-19-1915 9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife 10b. KIND OF BUSINESS OR INDUSTRY: Housework 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew J. Meekins 14. MOTHER'S MAIDEN NAME: Agnes Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: Andrew Meekins North East Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Diabetic Coma. DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Acidosis DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8/26/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 8-29-1955 NAME OF CEMETERY OR CREMATORY North East Methodist LOCATION (City, town or county) North East (State) Md.

DATE REC'D BY LOCAL REG. Aug 27 REGISTRAR'S SIGNATURE J R Frazer 24. FUNERAL DIRECTOR Reese Patterson & Son ADDRESS Perryville Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07654

7657 CERTIFICATE OF DEATH Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (In this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 1701 Trinidad Ave., N.E.

3. NAME OF DECEASED: (First) THOMAS (Middle) A. (Last) HOLLE
4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 11-17-72
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown
10B. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Holle
14. MOTHER'S MAIDEN NAME: Mary Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) S.A.W.
16. SOCIAL SECURITY NO. unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
194 IMMEDIATE CAUSE	(A) Pneumonia, bronchial, bilateral, unresolved	3 to 5 days
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Adenocarcinoma of thyroid gland with metastasis to the lungs and bone	unknown
	DUE TO (C) Agenesis, left kidney, congenital	unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Arteriosclerosis generalized moderate	unknown

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-9, 1955, to 8-29, 1955, and that death occurred at 3:35P M, from the causes and on the date stated above.
SIGNATURE W. OPPLER, Chief, Professional Services M. D.
ADDRESS VAH, Perry Point, Md.
DATE SIGNED 8-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 8-30-55
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 8-30-55
REGISTRAR'S SIGNATURE Irene E. Dougherty
24. FUNERAL DIRECTOR Robert Thomas
ADDRESS Nally Funeral Home, Inc. Mt. Rainier, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7658

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (12655)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 91

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
LENGTH OF STAY (In this place) 30. minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Del. COUNTY New Castle
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural, give location) 114 W. 19th

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Howard (Last) Hudson

4. DATE OF DEATH: (Month) 8 (Day) 14 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	7-24-1920	35 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Electric. Hose	Hudson, Del.	U.S.A.

13. FATHER'S NAME: Richard Hudson

14. MOTHER'S MAIDEN NAME: Myrtle Veasey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes W.W.2	7-24-9443	Geo. E. Veasey, Georgetown. Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Drowned DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY C&D Canal	21c. (City or town) Chesapeake City	(County) Cecil	(State) Md.

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED While at work ☐	Not while at work ☒	21f. HOW DID INJURY OCCUR?
8	14	55	P M.			Fell into the C&D Canal

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Ralph Hodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8-15-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8-17-55	Beaver Damm Cemetery	Harbeson	Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 16-1955	Mrs Rachel H Reed	Riggin Funeral Home D.F.D.	Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07656

7659 CERTIFICATE OF DEATH Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X PERRY POINT
LENGTH OF STAY (in this place) 6yrs.10mo.7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE DISTRICT OF COLUMBIA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural give location) 210 Rhode Island Avenue N.E. ✓

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) H. (Last) JARBOE

4. DATE OF DEATH: (Month) August (Day) 6 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: October 18, 1888
9. AGE last birthday: 66 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 Hrs: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10B. KIND OF BUSINESS OR INDUSTRY: Unkown
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE JARBOE
14. MOTHER'S MAIDEN NAME: MARTHA LACEY

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

5"3X
IMMEDIATE CAUSE (A) Peritonitis, acute, diffuse. — 4 - 5 days
ANTECEDENT CAUSE (B) DUE TO Wound of gastroduodenostomy, operative, — Unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO disruption of.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, generalized, moderate. — Unknown

19A. DATE OF OPERATION. 7-29-55
19B. MAJOR FINDINGS OF OPERATION: Subtotal gastrectomy
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I/~~X~~A attended the deceased from 9-30, 1948, to Aug. 6th, 1955 ~~that I saw the deceased alive at 19~~ and that death occurred at 1:00 A.M. from the causes and on the date stated above.
SIGNATURE W. ORRIED, M.D. ADDRESS Chief, Professional Services, VAH., Perry Point, Md. DATE SIGNED 8-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 8-7-55
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Ft. Myer, Virginia

DATE REC'D BY LOCAL REGISTRAR: 8-9-55
REGISTRAR'S SIGNATURE: Irene E. Daugherty
24. FUNERAL DIRECTOR ADDRESS: PENNINGTON & SON, Havre DeGrace, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7641

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07657

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Davine Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 258 W. Main St

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) K (Last) Jeffers
4. DATE OF DEATH: (Month) 8 (Day) 22 (Year) 1955

5. SEX: F
6. COLOR OR RACE: WH
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 8-9-1873
9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: House Work
11. BIRTHPLACE (State or foreign country): Philadelphia Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Stark
14. MOTHER'S MAIDEN NAME: Mary Ann Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Joseph H Knox 258 W. Main St. Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

448 X

Immediate cause (a) Pulmonary Edema — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular renal — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1925, to 8/22, 1955, that I last saw the deceased alive on 8/22, 1955, and that death occurred at 11 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Herbert Bates M.D. ADDRESS Elkton Md DATE SIGNED 8/23/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/25/55
NAME OF CEMETERY OR CREMATORY: Immaculate Conception
LOCATION (City, town, or county) (State): R.D. Elkton Md.

DATE REC'D BY LOCAL REG.: Aug 29
REGISTRAR'S SIGNATURE: H Frazer
24. FUNERAL DIRECTOR: Pippin Funeral Home ADDRESS: Elkton, Md.
Per Wm A. Lusby

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07658

7645 CERTIFICATE OF DEATH Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Elkton
STREET ADDRESS (If rural give location) R 4

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) (Last) JESSEN

4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9-26-78

9. AGE last birthday 77 Yrs IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10B. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elisha Jacobsen

14. MOTHER'S MAIDEN NAME: Tressa Topp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Jesse C. Jessen R.D.#4 Elkton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5733

IMMEDIATE CAUSE (A) Complete intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Intestinal Adhesions DUE TO — unknown

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: Aug 1-1955

19B. MAJOR FINDINGS OF OPERATION Volvulus due to adhesions Complete intestinal obstruction

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1955, to Aug 2, 1955, that I last saw the deceased alive on Aug 2, 1955, and that death occurred at 10:55 A.M., from the causes and on the date stated above.

SIGNATURE Henry Davis M.D. ADDRESS Chesapeake City Md DATE SIGNED 8/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation DATE THEREOF Aug. 5/55 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Phila, Pa (State)

DATE REC'D BY LOCAL REGISTRAR Aug 3 REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR Pippin Funeral Home ADDRESS Elkton Md Henry Pippin

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7660

07659 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit R.D. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Street
STREET ADDRESS (If rural, give location) R.D.-2

3. NAME OF DECEASED: (Type or Print) (First) Otho (Middle) Eugene (Last) Johnson
4. DATE OF DEATH (Month) 8 (Day) 6 (Year) 1955

5. SEX M. | 6. COLOR OR RACE: C. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH: 6-7-1928 | 9. AGE last birthday: 27 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life.) Morrison Handler U.S.P.S. | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Street Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHERS NAME: Benny Johnson. | 14. MOTHER'S MAIDEN NAME: Beula Lee.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW II | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Mrs Benny Johnson Street Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Drowned. DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Susquehanna River | 21c. (City or town) Port Deposit (County) Cecil (State) Md.

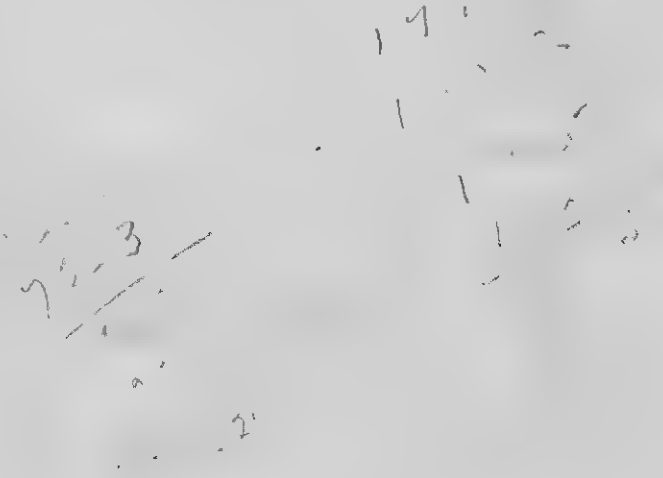
21d. TIME OF INJURY (Month) 8 (Day) 6 (Year) 55 (Hour) 02 A.M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? Was swimming & drowned.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE A. E. Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 8/7/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 8/9/55 | NAME OF CEMETERY OR CREMATORY Clarke Chapel Cem. | LOCATION (City, town, or county) Clarke Chapel (State) Md.

DATE REC'D BY LOCAL REG. 8/7/55 | REGISTRAR'S SIGNATURE Irene E. Daugherty | A. FUNERAL DIRECTOR Booker W. Veach | ADDRESS 1154 Laurel St. Md.

VS. A15A - 5 - 53



7661

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07660

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Perryville
LENGTH OF STAY (In this place): 3½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: on

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rising Sun — X
STREET ADDRESS (If rural give location): 110 E. Main St. — /

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) B. (Last) Keen

4. DATE OF DEATH: (Month) Aug. (Day) 27 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 26, 1863

9. AGE last birthday: 92 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Colora Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Street Brown

14. MOTHER'S MAIDEN NAME: Sara Mc Elemee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Paul Keen, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage (Paralysis) — Interval Between Onset and Death: 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Arterio-Sclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1955 to Aug 26 1955 that I last saw the deceased alive on Aug 26, 1955, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. H. Broom, M.D. — Port Depot Md. 8/28/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8/30/55 — NAME OF CEMETERY OR CREMATORY: Brookview Cemetery — LOCATION (City, town, or county) (State): Rising Sun, Md.

DATE REC'D BY LOCAL REG.: 8/29/55 — REGISTRAR'S SIGNATURE: Irene E. Haughey

24. FUNERAL DIRECTOR ADDRESS: Ralph M. Reed, Rising Sun, Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07661

7662 **CERTIFICATE OF DEATH** Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point, Md.
LENGTH OF STAY (in this place) 4yrs.10mo.14days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick, 10.
STREET ADDRESS (If rural give location) 317 E. Potomac

3. NAME OF DECEASED: (Type or Print) (First) Jay (Middle) Wilroy (Last) Main

4. DATE OF DEATH: (Month) August (Day) 21, (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: March 25, 1890 | 9. AGE last birthday 65 yrs. | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor
10B. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Webster Main
14. MOTHER'S MAIDEN NAME: Harriet Belle Caskey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443X IMMEDIATE CAUSE	(A) Heart Disease with atypical verrucous endocarditis	5 to 7 days
ANTECEDENT CAUSE (B): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Hypertensive cardiovascular disease	unknown
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis generalized, severe — unknown

19A. DATE OF OPERATION: 8-4-55
19B. MAJOR FINDINGS OF OPERATION: Open reduction fracture of right hip
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from 10-7-50, 19 to 8-21-55, 19 that I last saw the deceased alive on and that death occurred at 10:40 A.M., from the causes and on the date stated above.

SIGNATURE W. OPPELT, Chief, Professional Services M.D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 8-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 8-22-55 | NAME OF CEMETERY OR CREMATORY Park Heights | LOCATION (City, town, or county) (State) Brunswick, Md.

DATE REC'D BY LOCAL REGISTRAR 8-22-55 | REGISTRAR'S SIGNATURE Irene E. Dougherty | 24. FUNERAL DIRECTOR AND ADDRESS C. L. Feete Funeral Home, Brunswick, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07662

7663

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point; LENGTH OF STAY (in this place) 20yrs.8mo.14days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derry X; STREET ADDRESS (If rural give location) 115 Second

3. NAME OF DECEASED: (First) ISAAC (Middle) (Last) MANGUS

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 12-22-1890 | 9. AGE last birthday 64 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10B. KIND OF BUSINESS OR INDUSTRY: unknown | 11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Mangus | 14. MOTHER'S MAIDEN NAME: Caroline Meherter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) [illegible] (If Yes, give war or dates of service) WW I | 16. SOCIAL SECURITY NO. 1 846 576 | 17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 610X — (A) Pneumonia, bronchial, unresolved — INTERVAL BETWEEN ONSET AND DEATH: 3 to 4 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Azotemia — unknown

DUE TO (C) Prostatic hypertrophy benign with obstruction and hydroureters bilateral & hydropelvis — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3... , 19 25 to 8-17 , 19 55, that I last saw the deceased alive on [illegible] 19[illegible] and that death occurred at 7:40p M, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS DATE SIGNED

J. O'Pree, Chief, Professional Services M.D. VAH, Perry Point, Md. 8-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 8-21-55 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 8-22-55 | REGISTRAR'S SIGNATURE Irene E. Daugherty | 24. FUNERAL DIRECTOR ADDRESS Pennington & Son, Havre de Grace, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07663

7664

CERTIFICATE OF DEATH

Reg. Dist. No. 7C

1. PLACE OF DEATH

COUNTY Cecil MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Port Deposit

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 —

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Cecil

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit X

STREET ADDRESS (If rural, give location) 159 N. Main X

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ellen (Last) Murray

4. DATE OF DEATH (Month) 8 (Day) 13 (Year) 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	7/2/1868	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Mfg.	Port Deposit, Md.	U. S. A.

13. FATHER'S NAME Jack Murray

14. MOTHER'S MAIDEN NAME Mary Donnelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS Murray Port Deposit

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42 Immediate Cause (A) Myocar. Cx.

Antecedent Cause(s) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: (A) 3 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Sen. Cx.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 2, 1955, to Nov 5, 1955, that I last saw the deceased alive on Nov 3, 1955, and that death occurred at 12 Noon M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. **ADDRESS** (Street; city, town, state) R-1 Box 102-7 Rd **DATE SIGNED** 8-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town/or county) (State)
Burial	8/16/55	Mt Carmel	Havre de Grace Md.

24 REC'D BY REGISTRAR DATE 8/16/55	REGISTRAR'S SIGNATURE [signature]	25. FUNERAL DIRECTOR'S SIGNATURE [signature]	ADDRESS Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7665

CERTIFICATE OF DEATH

Reg. Dist. No. 07664

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 10yrs.2mo.9days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 551 S. Caton Avenue

3. NAME OF DECEASED: (First) OWEN (Middle) J. (Last) MURRAY

4. DATE OF DEATH (Month) August (Day) 10 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: 7-4-1892 | 9. AGE last birthday 63 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator | 10B. KIND OF BUSINESS OR INDUSTRY: Gas Station | 11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Murray | 14. MOTHER'S MAIDEN NAME: Anne Whalen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Pneumonia bronchial, unresolved — INTERVAL BETWEEN ONSET AND DEATH: 3 to 4 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary sclerosis, severe — unknown

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis generalized and cerebral, severe — unknown

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M. | 21E. INJURY OCCURRED While at work [ ] Not while at work [ ] | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1945, to Aug. 10, 1955, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 4:20A M, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M.D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 8-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 8-13-55 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 8-15-55 | REGISTRAR'S SIGNATURE Irene E. Dougherty | 24. FUNERAL DIRECTOR [illegible] Funeral Home, Havre de Grace, Md. | ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7666

CERTIFICATE OF DEATH

07665

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS VA Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Baltimore~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1522 W. Pratt Street

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) E. (Last) Murrill

4. DATE OF DEATH: (Month) 8 (Day) 20 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Div.
8. DATE OF BIRTH: 12-29-76
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Murrill
14. MOTHER'S MAIDEN NAME: Mattie Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) SA/
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 490X IMMEDIATE CAUSE	(A)	Pneumonia, lobar, left, unresolved.	3-5 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Arteriosclerotic heart disease.	Unknown
	DUE TO (C)	Chronic Brain Syndrome with Psychosis associated with Arteriosclerosis.	Over 10 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		Atony of large bowel.	Unknown

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that ~~I attended the deceased from 19 , to 19 , that I last saw the deceased alive on 19 , and that~~ death occurred at 8:00AM, from the causes and on the date stated above.

SIGNATURE E. S. Ells M.D. Acting Chief: Prof. Services E. S. Ells, M.D.
ADDRESS
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: Aug. 20, 1955
NAME OF CEMETERY OR CREMATORY: St. Peter's Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: Aug. 30, 1955
REGISTRAR'S SIGNATURE: Irene E. Daugherty
24. FUNERAL DIRECTOR: Thomas J. Kenny [illegible]
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07666

7667 CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 1 mo. 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewood 12 X-2
STREET ADDRESS (If rural give location) R.D. #1

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) M. (Last) NUTTALL SR.

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 1-18-96

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ammunition maker

10B. KIND OF BUSINESS OR INDUSTRY: Edgewood Arsenal

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George F. Nuttall - Deceased

14. MOTHER'S MAIDEN NAME: Mamie Babcock - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 220 20 7103

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

IMMEDIATE CAUSE (A) Pneumonia, bronchial, (following operation) — INTERVAL BETWEEN ONSET AND DEATH: 4 to 5 days

ANTECEDENT CAUSE (B) DUE TO Coronary Sclerosis, severe — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, generalized, moderately severe — unknown

19A. DATE OF OPERATION: 8-22-55

19B. MAJOR FINDINGS OF OPERATION: Lumbar Sympathectomy

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 7-21, 1955, to 8-30, 1955, and that death occurred at 8:50 PM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services — ADDRESS M. D. VAH, Perry Point, Md. — DATE SIGNED 8-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 8-31-55 — NAME OF CEMETERY OR CREMATORY Memorial Gardens — LOCATION (City, town, or county) (State) Belair, Md.

DATE REC'D BY LOCAL REGISTRAR 8-31-55 — REGISTRAR'S SIGNATURE Irene E. Murphy

24. FUNERAL DIRECTOR Pennington & Son — ADDRESS Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7668 **CERTIFICATE OF DEATH** Reg. Dist. No. 07667

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perryville
LENGTH OF STAY (in this place) 2mo.28days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital, Perry Point, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
STREET ADDRESS (If rural give location) 247 Mackall Street

3. NAME OF DECEASED (Type or Print): (First) Russell (Middle) (Last) Overmiller

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 11-30-97

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Mtl wkr

10B. KIND OF BUSINESS OR INDUSTRY: Sheet Metal Shop

11. BIRTHPLACE (State or foreign country): York, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael J. Overmiller

14. MOTHER'S MAIDEN NAME: Mary J. Stine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 219-10-8701

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150X

IMMEDIATE CAUSE (A) Carcinoma of Esophagus — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 6-9-55

19B. MAJOR FINDINGS OF OPERATION: Carcinoma, middle third of the esophagus

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-2, 1955, to 8-30, 1955, and that death occurred at 8:30 PM, from the causes and on the date stated above.

SIGNATURE W. Oppler

ADDRESS: W. OPPLER, Chief, Professional Services M.D. VAH, Perry Point, Md.

DATE SIGNED: 8-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal

DATE THEREOF: 8-31-55

NAME OF CEMETERY OR CREMATORY: Mt. Olive

LOCATION (City, town, or county) (State): Hanover, Pa.

DATE REC'D BY LOCAL REGISTRAR: 8-31-55

REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR'S SIGNATURE: Pippin

ADDRESS: Pippin Funeral Home, Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07668

7669 **CERTIFICATE OF DEATH**

Reg. Dist. No. 91

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cecilton
LENGTH OF STAY (in this place) 7yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) LEE (Last) PHILLIPS

4. DATE OF DEATH: (Month) Aug. (Day) 17 (Year) 1955

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH: June 12 1893 | 9. AGE last birthday: 62 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Patent Medicine Drug Store owner | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James E. Phillips | 14. MOTHER'S MAIDEN NAME: Sallie C Twilley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 213-01-2032 | 17. INFORMANT & ADDRESS: Mrs Bessie Phillips Cecilton Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Massive myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSE (B) DUE TO: Coronary Occlusion — 10 min

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO: Arteriosclerotic Heart Disease — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Long illness including cardiopexy operation

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. . ., 1955, to Aug. . ., 1955, that I last saw the deceased alive on August 17, 1955., and that death occurred at 11. P M, from the causes and on the date stated above.

SIGNATURE Wallace C Henahan M. D. | ADDRESS Cecilton, Md | DATE SIGNED 18 Aug 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF aug 21 1955 | NAME OF CEMETERY OR CREMATORY Grace Lawn Cem. | LOCATION (City, town, or county) Cambridge (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug 19-1955 | REGISTRAR'S SIGNATURE Iona Ralph Reg | 24. FUNERAL DIRECTOR Edward Fellows | ADDRESS Preston Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07669

7546 CERTIFICATE OF DEATH Reg. Dist. No. 92

1. PLACE OF DEATH. COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 7 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake City X
STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED: (Type or Print) (First) SUSAN (Middle) DIANE (Last) Price

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1955

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE 8. DATE OF BIRTH: Aug. 22, 1955 9. AGE last birthday: yrs.
IF UNDER 1 YEAR: Months Days 7 IF UNDER 24 HRS.: Hours 2 Min. 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Price
14. MOTHER'S MAIDEN NAME: Margaret Sherman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: William Price Chesapeake City RFD #1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

77½ IMMEDIATE CAUSE (A) Premature -
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) due to maternal -
DUE TO
(C) marginal placenta

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 22, 1955 to Aug 29, 1955, that I last saw the deceased alive on Aug 28, 1955, and that death occurred at 2:10 a M, from the causes and on the date stated above.
SIGNATURE Richard H. Spreeler M.D. ADDRESS Elkton, Md DATE SIGNED Aug 29, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug 30, 1955
NAME OF CEMETERY OR CREMATORY Hickory Grove
LOCATION (City, town, or county) Port Penn (State) Del.

DATE REC'D BY LOCAL REGISTRAR Aug 30
REGISTRAR'S SIGNATURE H R Frazer
24. FUNERAL DIRECTOR Pippin Funeral Home ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

20855 6-7316
VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07670

Items 9, 14 Dec. Birth

7647 CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF STILLBIRTH Death
County Cecil
Maryland.
City or town (If outside city or town limits write "RURAL" and nearest town) Elkton
Street address, hospital, or institution 65 Union Hospital
Length of mother's stay in this County (Give years, or months, or days) 21

2. USUAL RESIDENCE OF MOTHER:
State Delaware
County New Castle 46x-3
City or town (If outside city or town limits write "RURAL" and nearest town) Newark
Street Address 315 Hawley Rd ✓

3. CHILD'S NAME (First) Baby (Middle) (Last) Fulton

4. Sex Female | 5. Twin or other | If so-born 1st, 2nd, 3rd | 6. DATE OF BIRTH (Month, Write Out) (Day) (Year) Death August 21 1955

FATHER OF CHILD

7. Full Name Charles Nelson Fulton | 8. Color or race White

9. Age at time of this birth 32 yrs. | 10. Birthplace (State or foreign country) Tenn. | 11. Usual occupation Automobile | Kind of industry or business Chrysler Newark Del.

MOTHER OF CHILD

12. Full maiden name Mildred Louise Isore | 13. Color or race White

14. Age at time of this birth 31 yrs. | 15. Birthplace (State or foreign country) Tenn

16. Number of OTHER children born to mother (Do NOT include this child)

Now living	Born alive but now dead	Born dead	Total Children (Not including this child)
3	0	4	3

17. Length of pregnancy: 26 weeks | Weight of child at birth: 2 lbs. 7 oz.

18. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
(a) Fetal causes 39.5 Prematurity
(b) Maternal causes 32.5 Endometritis

19. State any complications of pregnancy and labor

20. State all operations for delivery Spontaneous

Burial, Cremation, Removal, (Specify) Burial | Date 8-25-55
Cemetery or Crematory: Elkton Cemetery
Location
Funeral Director [illegible]

21. I hereby certify that this child was born dead on the date stated above at 2:55 P m and last attended by me at 4:33 PM
Signature George Henry W
Physician ✓ Midwife ☐ Other ☐
Address Elkton, Md Date signed 8/22/55

Date rec'd by local Reg. Aug 23 | Registrar's signature H F Fragen | If NOT attended by Physician | "The above certificate has been examined by me"
Health Officer, per

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-63

8531626 1

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

07671

7670

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 91

Item 8 Film G186 9-16-55 et

1. PLACE OF DEATH COUNTY: CECIL CO. Warwick Cecilton MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X
LENGTH OF STAY (in this place): 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Warwick Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Warwick Md COUNTY Cecilton
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Otho (Last) Raison

4. DATE OF DEATH: (Month) Aug (Day) 21 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Oct 14 1876
9. AGE last birthday: 78 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Cecilton Md
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: James Alfred Raison
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-12-3332
17. INFORMANT: Viola Raison Warwick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerosis with cardiac heart (c) disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun 15, 1954, to Aug 11, 1955 that I last saw the deceased alive on Aug 11, 1955 and that death occurred at .... m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr. Harry L. Koch
ADDRESS: 106 W. Broad St. Middletown, Del.
DATE SIGNED: 8-23-55

23. BURIAL, CREMATION REMOVAL (Specify):
DATE: Aug 24 1955
NAME OF CEMETERY OR CREMATORY: Cecilton Cem
LOCATION (City, town, or county): Cecilton Md
(State)

DATE REC'D BY LOCAL REG.: Aug 25 1955
REGISTRAR'S SIGNATURE: [illegible] A. Reed
24. FUNERAL DIRECTOR: Edw R Bell
ADDRESS: 909 Poplar St Wilm Del

VS. A15

7671

07672 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Rd 2 mile
LENGTH OF STAY in this place
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS 701 Cathedral (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) GRACE (Middle) (Last) RAWLINGS

4. DATE OF DEATH: (Month) 8 (Day) 11 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write which) Divorce

8. DATE OF BIRTH: Aug 13 - 1894

9. AGE last birthday: 60 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Principal of school

11. BIRTHPLACE (State or foreign country): Port Deposit Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert K Rawlings

14. MOTHER'S MAIDEN NAME: Sarah D Maxwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mary Rawlings Port Deposit Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval between onset and death)

Immediate cause (a) Acute Coronary Occlusion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. LeDodson M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-11-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8-14-1955

NAME OF CEMETERY OR CREMATORY Hopewell

LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG. 8-13-1955

REGISTRAR'S SIGNATURE Irene E. Dougherty

24. FUNERAL DIRECTOR ADDRESS Lee A. Patterson & Son Perryville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

7672

07673

Reg. Dist. No. 9z

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Elkton, RD — LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 113 Church St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lydia	Margaret	Reynolds	8	8	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	Wh.	Widowed	March 10, 1867	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Work	At Home	Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Fulton	McCallaster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mr. Hollace Reynolds

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Massive intestinal + gastric hemorrhage — 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) stomach, carcinoma of. — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 8/6/55, 19..... to 8/8/55, 19....., that I last saw the deceased alive on 8/8/55, 19....., and that death occurred at 5 51 A m., from the causes and on the date stated above.

SIGNATURE Hallace and Johnson MD (Degree or title) ADDRESS Newark Del. DATE SIGNED 8/10/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/11/1955	West Nottingham Cemetery	Colora	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 10	H R Magee	Pippin Funeral Home	259 E. Main St. Elkton, Md.

Per W. A. Lusby

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7648

CERTIFICATE OF DEATH

07674

Reg. Dist. No. 92

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton; LENGTH OF STAY (in this place) 12 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 65 Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton RFD #3; STREET ADDRESS (If rural give location) near Blake

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Reynolds (Last) Scott

4. DATE OF DEATH: (Month) 8 (Day) 9 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct 16, 1915

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Elkton R.D. #3

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Cecil Scott

14. MOTHER'S MAIDEN NAME: Florence MacKenney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-28-0829

17. INFORMANT & ADDRESS: Vianna Mackey, Elkton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7544 IMMEDIATE CAUSE (A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 12 Hrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Congenital Heart Disease - Aortic Stenosis — 39 yrs.?

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9 Aug., 1955, to 9 Aug., 1955, that I last saw the deceased alive on 9 Aug., 1955, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

SIGNATURE Hans H. Hunter M. D. ADDRESS No. 11 East Rd DATE SIGNED 9 Aug '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 8/12/55; NAME OF CEMETERY OR CREMATORY Rosebank; LOCATION (City, town, or county) (State) Calvert, Md

DATE REC'D BY LOCAL REGISTRAR Aug 10; REGISTRAR'S SIGNATURE H R Frazer

24. FUNERAL DIRECTOR Ralph McReed ADDRESS Rising Sun, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07675

7673

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - JOPPA
STREET ADDRESS (If rural give location) RFD#1, Box 66

3. NAME OF DECEASED: (Type or Print) (First) ERBIN (Middle) H. (Last) SOLOMON

4. DATE OF DEATH: (Month) August (Day) 7, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 11, 1895

9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superintendent

10B. KIND OF BUSINESS OR INDUSTRY: Toxic Gas Yard, Army Chemical Center

11. BIRTHPLACE (State or foreign country): Tenn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM D. SOLOMON

14. MOTHER'S MAIDEN NAME: LYDIA RADER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes + (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis — Unknown

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Aug. 5, 1955, to Aug. 7, 1955, ~~died at~~ ~~saw the deceased~~ ~~alive~~ ~~on~~ ~~1955~~, and that death occurred at 5:25PM, from the causes and on the date stated above.

SIGNATURE W. M. H. RRIS, M.D. ADDRESS Acting, Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED 8-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 8-7-55 — NAME OF CEMETERY OR CREMATORY Lorraine Park Cem. — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 6-7-55 — REGISTRAR'S SIGNATURE Irene E. Dougherty

24. FUNERAL DIRECTOR John D. Israel ADDRESS 7401 Belair Rd., HASSAHN FUNERAL HOME, Baltimore 6, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07676

7671/2

CERTIFICATE OF DEATH

Reg. Dist. No. 91

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cecilton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) E. (Last) TAYLOR

4. DATE OF DEATH: (Month) Aug. (Day) 14 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 2, 1869

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cecilton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Taylor

14. MOTHER'S MAIDEN NAME: Laura Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-14-8712

17. INFORMANT & ADDRESS: Doris Taylor - Cecilton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X

IMMEDIATE CAUSE (A) Malnutition — 4 mos

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinoma of Stomach — 8 mos

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach.

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1953, to Aug 14, 1953, that I last saw the deceased alive on Aug 12 at 00 am, 1953, and that death occurred at 00 10 AM, from the causes and on the date stated above.

SIGNATURE Aug 14 Wallace Olmshain M. D. ADDRESS Cecilton DATE SIGNED Aug 15 1953

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug. 16, 1953 — NAME OF CEMETERY OR CREMATORY Cecilton Cem. — LOCATION (City, town, or county) (State) Cecilton, Cecil Co. Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 14-1953 — REGISTRAR'S SIGNATURE Mrs Ralph N Bay

24. FUNERAL DIRECTOR Edward Fellows — ADDRESS Millington, Md

MARYLAND STATE DEPARTMENT OF HEALTH

7649

2411 N. Charles Street, Baltimore

07677

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 21 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 261 E Main St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 261 E Main St

3. NAME OF DECEASED (Type or Print) (First) Bessie Gray (Middle) Tayler (Last) THOMSON

4. DATE OF DEATH (Month) August (Day) 10 (Year) 1955

5. SEX F
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 11, 1866
9. AGE last birthday 89 yrs.
If under 1 year Months / Days
If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Chambersburg, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Henry Tayler
14. MOTHER'S MAIDEN NAME Anna Pauli

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr F. Dupont Thomson 261 E Main St Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Myocardial infarction
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) advanced arteriosclerosis
(c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hosp.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1955, to Aug 10, 1955, that I last saw the deceased alive on Aug 10, 1955, and that death occurred at 9:30 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Clifford H. Boucher M D ADDRESS Elkton Md. DATE SIGNED Aug. 13-1955

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/13/55
NAME OF CEMETERY OR CREMATORY Elkton Cemetery
LOCATION (City, town, or county) Elkton (State) Md.

DATE REC'D BY LOCAL REG. Aug 13
REGISTRAR'S SIGNATURE H. Brazier
24. FUNERAL DIRECTOR Pippin Funeral Home ADDRESS 259 E Main St Elkton, Md.

1955
1629
3